

APPLICATION FOR ABSENTEE BY MAIL BALLOT

Name: _____ Date of Birth: _____
(PLEASE PRINT)

Residential Address: _____
(DO NOT USE A POST OFFICE BOX NUMBER)

Mother's Maiden Name: _____ Wd/Dist/Pct (If known): _____

Daytime Phone #: (____) _____ *Soc. Security #: _____ - _____ - _____ *LA Driver's License #: _____
*OPTIONAL *OPTIONAL

Please mail me an absentee ballot for the election(s) as indicated below. If I request a general election ballot at the same time as a primary election ballot, I declare that I will be eligible to vote absentee by mail in the general election.

Primary Date: _____ AND/OR General Date: _____

I am entitled to vote absentee by mail in the above specified election(s) because of the reason checked below:

- ____ 1. I am a member of the United States Service as defined in R.S. 18:1302, or a spouse or dependent thereof;
- ____ 2. I am a student (copy of student i.d. or fee bill is attached), instructor, or professor in an institution of higher learning located outside my parish of registration, and I live outside my parish of registration by reason thereof, or a spouse or dependent accompanying and residing therewith;
- ____ 3. I am a minister, priest, rabbi, or other member of the clergy assigned to a religious post outside my parish of registration, or a spouse or dependent accompanying and residing therewith;
- ____ 4. I am or expect to be temporarily outside the territorial limits of the state or absent from my parish of registration during the early voting period and on election day. If I am requesting my ballot to be mailed to an address within the parish, I will be outside the territorial limits of the state or absent from my parish of registration from _____ (provide date) through _____ (provide date);
- ____ 5. I moved my residence to another parish more than 100 miles from the parish seat of my former residence after the voter registration books closed;
- ____ 6. I am involuntarily confined in an institution for mental treatment outside my parish of registration and I am not interdicted and not judicially declared incompetent;
- ____ 7. I am residing outside the United States;
- ____ 8. I expect to be hospitalized on election day and I did not have knowledge of my proposed hospitalization until after the time for early voting had expired; or I expect to be hospitalized on election day and I was hospitalized during the time for early voting; or I was hospitalized and released prior to election day, but I was either hospitalized or restricted to my bed by my physician during early voting and I am restricted to my bed by my physician on election day;
- ____ 9. I expect to be out of my precinct of registration and upon the waters of the state both during the early voting period and on election day because of my employment or occupation;
- ____ 10. I live at home and I am approved for participation in the Special Handicap Program;
- ____ 11. I am incarcerated in an institution inside or outside my parish of registration and I am not under an order of imprisonment for conviction of a felony (certification by sheriff is attached);
- ____ 12. I am 65 years of age or older; or
- ____ 13. I have a mobility impaired identification card issued by the office of motor vehicles (copy of mobility impaired i.d. card is attached).

I understand that my absentee ballot(s), if sent to an address within the parish or an adjacent parish, can only be sent to the address at which I am registered to vote, my mailing address on file with the registrar of voters, or an address at which I regularly receive mail.

Please send my absentee ballot(s) and instructions to:

Address: _____

I CERTIFY that the statements made herein by me are true and correct and I may be subject to a fine of not more than \$1,000 (\$2,500 for subsequent offense) or imprisonment for not more than 1 year (5 years for subsequent offense), or both, for knowingly making false statements.

Signature: _____ Date: _____

(SIGNATURES OF 2 WITNESSES REQUIRED ONLY IF SIGNED BY MARK)

MAIL, FAX, OR HAND DELIVER THIS FORM TO>>> Registrar of Voters
Parish of _____

(Certain exceptions apply to applications sent by facsimile or by hand delivery.)

FOR OFFICIAL USE ONLY: Reg. # _____ W/D/P _____ Party _____ Date Rec'd. _____

Submitted by: _____ Relationship to Applicant: _____